

Albuquerque
citizen  corps
Council

Community Emergency Response Team (CERT)



Program Forms
(Please do not send this page with your application)



Albuquerque Community Emergency Response Team

To Be Completed by the Volunteer:

- Register and complete profile data on the New Mexico Medical Reserve Corps website:** <https://volunteer.nmmrcserves.org>
- Background Investigation Waiver and Release Form**
 - o Background investigations will be completed by the City of Albuquerque Human Resources Department for the Albuquerque Police Department Office of Emergency Management. All information is confidential.
- Release From Liability Form**
 - o This form will be kept on file with City of Albuquerque CERT.
- Albuquerque CERT Membership Information Form**
 - o Please include valid email as this is our primary way of communication
- On-line FEMA courses**
 - o IS 700a
 - <http://training.fema.gov/emiweb/is/is700a.asp>
 - o IS 100b
 - <http://training.fema.gov/emiweb/is/is100b.asp>

Upon completion, forward the completion notification e-mail from FEMA to fhogan@cabq.gov

- At least eight hours of volunteer activity per year.**
 - o All hours are tracked by the Albuquerque CERT Program Coordinator.

All forms must be signed, where appropriate, and may be returned to Albuquerque CERT office either electronically, by mail or by fax.

Office: Albuquerque CERT Attn: Emergency Planning Officer
APD Office of Emergency Management
11510 Sunset Gardens SW Albuquerque, NM 87121
Phone: 505-244-8653
FAX: 505-831-7906
Email: cabqoem@cabq.gov



City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

In connection with my application to be a volunteer with the City of Albuquerque, hereby known as "Albuquerque CERT" I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Disclosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate as a volunteer. I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents, or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied acceptance, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and addressed of any person to whom the information is reported.

Applicant Signature Date

Parent/Guardian Signature (If under 18) Relationship Date

APPLICANT INFORMATION – Please complete ALL blanks

_____	_____	_____	_____	_____	_____
Last Name	First Name	Full Middle Name	Social Security Number		
_____	_____		_____		
Maiden Name	Other Names, Nicknames or Aliases used		Date of Birth (Month/Day/Year)		
_____	_____	_____	_____	_____	_____
Present Address	Number/Street/Quadrant	City	State	Zip Code	How Long
_____	_____	_____	_____	_____	_____
Previous Address (Within last 7 years)	Number/Street/Quadrant	City	State	Zip Code	How Long
_____	_____	_____	_____	_____	_____
Driver's License Number	State Issued	Expiration Date	Operator	Commercial (CDL)	

City of Albuquerque Information:

Department: _____ Department No: _____ Position Applying for: _____

Requested by: _____

Job Title: _____

**ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
WAIVER & RELEASE OF LIABILITY AGREEMENT**

I, _____ hereby willingly volunteer myself and my time to participate in the City of Albuquerque Community Emergency Response Team (CERT) program.

RELEASE FROM LIABILITY. I hereby agree to release and discharge the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in the City of Albuquerque CERT activities, even if caused by negligence or other fault of the above-mentioned agencies.

COVENANT NOT TO SUE. I further agree that I WILL NOT SUE OR MAKE CLAIM against the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel for damages or other losses sustained as a result of my participation in the City of Albuquerque CERT activities.

INDEMNIFICATION AND HOLD HARMLESS. I also agree to INDEMNIFY AND HOLD the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel HARMLESS from all claims, judgment and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in the City of Albuquerque CERT activities.

ASSUMPTION OF THE RISK. I understand and acknowledge that the City of Albuquerque CERT activities are inherently dangerous and that participation will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATION IN CERT ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT of the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel including but not limited to equipment malfunction from whatever cause, inadequate training, or any other fault of the above-mentioned agencies.

Signature:

Date:

**Emergency Contact
Name:**

**Emergency Contact
Number:**

**ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM**

PLEASE PRINT LEGIBLY

- **BY COMPLETING THIS INFORMATION AND SIGNING THIS FORM, YOU ARE HELPING ALBUQUERQUE CERT TAKE THE HIGHEST PRIORITY IN THE HEALTH, SAFETY AND POTENTIAL OF ITS VOLUNTEER MEMBERS**
- **THIS INFORMATION WILL HELP ENSURE THAT YOU ARE NOT PLACED IN A POSITION THAT MAY CAUSE YOU INJURY AND TO ASSIST IN YOUR CARE IN THE EVENT OF A HEALTH CRISIS.**

YOUR COOPERATION IS APPRECIATED

I. **First Name:** _____ **Middle Initial:** _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Sex: F M (circle one)
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____ **Extension:** _____
Email: _____ **Please**
circle your Primary Contact phone number – Cell, Home, Work Secondary Number – Cell, Home, Work

Emergency Contact Name: _____
Emergency Contact Phone: _____
Emergency Contact Address: _____

Are You Willing To Be Activated In Times Of Emergency? Yes No
Are You Available 24/7? Yes No
If No, When Are You Available? Just Days Just Nights Weekdays Only Weekends Only
If Activated, Are You Available For Multiple Days: Yes No

Date Basic CERT Class Completed (mm/dd/yyyy): _____
Cert Badge Id Number: 2017-_____

II. **Driver's License Number:** _____ **State:** _____
(Check One) Operators License Commercial Driver's License (Class:)
License Restrictions: _____ **Expiration Date (mm/dd/yyyy):** _____
City Operator Permit Number: _____ **Expiration Date (mm/dd/yyyy):** _____
Current Vehicle (Make, Model, Year): _____
Vehicle License Plate Number: _____ **State:** _____

III. **Primary Care Physician:** _____ **Phone #:** _____
Are You In Good Health At The Present Time, To The Best Of Your Knowledge? Yes No **Blood Type:** _____
Are You Currently under a Doctor's Care? Yes No **If Yes, Explain:** _____

CAN YOU? Check Yes if you are able to do the following or No if you are unable;
Please explain any limitations. Use separate sheet of paper if necessary

- Yes No Bend and stoop
- Yes No Climb two or more flights of stairs
- Yes No Drive in daylight
- Yes No Drive at night
- Yes No Lift and carry 20 pounds
- Yes No Lift and carry 50 pounds
- Yes No Sit for long periods
- Yes No Stand for long periods
- Yes No Tolerate areas with mold and mildew
- Yes No Tolerate exposure to mass casualties/death
- Yes No Tolerate extreme cold
- Yes No Tolerate heat and humidity
- Yes No Tolerate smoke or poor air quality
- Yes No Walk on uneven terrain
- Yes No Walk a mile
- Yes No Work long shifts/weekends

DO YOU? Check Yes if you require any of the following or No if not;
Please explain any accommodations requested. Use separate sheet of paper if necessary

- Yes No Require access to specialized medical care
- Yes No Require air conditioning
- Yes No Require special food items/diet

IV. Have you had any of the following conditions/problems in the last 24 months?

*****THIS INFORMATION WILL HELP ENSURE THAT YOU ARE NOT PLACED IN A POSITION THAT MAY CAUSE YOU INJURY AND TO ASSIST IN YOUR CARE IN THE EVENT OF A HEALTH CRISIS*****

Check Yes if you have experienced any of the following or No if not

If Yes, please briefly explain the condition/problem.

- Yes No **Alcohol/Drugs**
- Yes No **Anxiety/PTSD/Bipolar Disorder**
- Yes No **Asthma/COPD/Emphysema**
- Yes No **Back/Joint/Bone Problems**
- Yes No **Bleeding Disorders**
- Yes No **Stomach/Intestine/Hernia**
- Yes No **Diabetes**
- Yes No **Stroke/CVA/TIA**
- Yes No **Hearing Problems/Hearing Aids**
- Yes No **Heart Attack/Heart Disease/Pacemaker**
- Yes No **Immune System Problems**
- Yes No **Migraines/Headaches**
- Yes No **Mobility Issues**
- Yes No **Seizures**
- Yes No **Skin Problems/Breaks In Skin/Lesions**
- Yes No **High Blood Pressure**
- Yes No **Vision Problems Glasses/Contacts**
- Yes No **Other, Specify**
-

VIII. OTHER ORGANIZATIONAL AFFILIATIONS:

I understand that health insurance is not required and I will be financially responsible for all my health care expenses. In signing below, I give permission for CERT staff or designee to contact my health care provider in case of an emergency.

Carefully review the attached NOTICE OF PRIVACY PRACTICES.

Signature of CERT Member: _____

Print Name: _____

Date: _____

“ALBUQUERQUE CERT STRIVES TO PROVIDE EACH MEMBER A WORTHWHILE VOLUNTEER EXPERIENCE WHILE UTILIZING THEM AND THEIR ABILITIES TO THEIR FULLEST POTENTIAL”

TO BE COMPLETED BY CERT STAFF UPON REVIEW:

SIGNATURE CERT Program Coordinator: _____

Print Name: _____

Date: _____

BACKGROUND CHECK ON FILE: YES NO DATE:

Entered into CERT database (date): Initials:

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Albuquerque Community Emergency Response Team (CERT) is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information:

Treatment

We may disclose your health care information to other healthcare professionals (i.e. your Primary Care Physician or an Emergency Room Physician), with permission and as necessary, for the purpose of your treatment and care.

It is our policy to provide a substitute health care provider, authorized by the City of Albuquerque to provide assessment and/or treatment of our members without advanced notice only in the event that your primary health care provider is absent due to vacation, sickness, or other emergency situation.

Workers' Compensation

We may disclose your health information, with permission and as necessary, to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information, with permission and as necessary, to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities, with permission and as necessary, for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information, with permission and as necessary, in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official, with permission and as necessary, for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information, with permission and as necessary, to coroners or medical examiners.

Public Safety

We may disclose your health information, with permission and as necessary, to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the public.

Specialized Government Agencies

We may disclose your health information, with permission and as necessary, for military, national security, prisoner, and government benefits purposes.

Marketing

As a matter of program communications, we may call your primary number in the event of Albuquerque CERT activation. If you are not available, we leave a message and call your secondary number. No personal information will be disclosed during this recording or message as the only request will be to return the initial call for notice of activation.

Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Albuquerque CERT is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Albuquerque CERT amend your protected health information. Please be advised, however, that Albuquerque CERT is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of the denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Albuquerque CERT
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Albuquerque CERT reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Albuquerque CERT is required by law to comply with this Notice. Albuquerque CERT is also required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

If you have questions about any part of this notice or if you want more information about your privacy rights, contact: Fred Hogan, Albuquerque CERT Program Coordinator 505-244-8653 or fhogan@cabq.gov.

Complaints

Complaints concerning your Privacy or how Albuquerque CERT handled your health information should be directed to the Albuquerque Police Department Office of Emergency Management Director, Roger Ebner, at 505-244-8650.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint:

DHHS
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 01 March 2017.

I have read the Notice of Privacy Practices and understand my rights contained in the notice.

By way of my signature, I provide Albuquerque CERT with my authorization and consent to use and disclose my protected health care information with permission and as necessary for the purposes described in the Notice of Privacy Practices and only those purposes.

CERT Member Name (print): _____

CERT Member Signature: _____ Date: _____

Albuquerque CERT Program Coordinator: _____

Program Coordinator Signature: _____ Date: _____